

**LEGISLATIVE SERVICES AGENCY  
OFFICE OF FISCAL AND MANAGEMENT ANALYSIS**

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**FISCAL IMPACT STATEMENT**

**LS 6865**

**BILL NUMBER:** HB 1532

**NOTE PREPARED:** Jan 22, 2015

**BILL AMENDED:**

**SUBJECT:** Medicaid and Members of the Military.

**FIRST AUTHOR:** Rep. Borders

**FIRST SPONSOR:**

**BILL STATUS:** As Introduced

**FUNDS AFFECTED:** X GENERAL  
DEDICATED  
X FEDERAL

**IMPACT:** State

**Summary of Legislation:** The bill allows an individual who is:

- (1) an active member of the armed services of the United States or the National Guard;
  - (2) a legal Indiana resident; and
  - (3) assigned for duty or deployed outside of Indiana;
- to maintain Medicaid eligibility and remain on Medicaid waiver waiting lists.

**Effective Date:** July 1, 2015.

**Explanation of State Expenditures:** The bill may increase administrative expenses for Medicaid or waiver services to the extent that additional review of the eligibility of military services members or National Guard or their dependents may occur over a longer period than current practice.

Depending on the circumstances, the bill may require that a person who was formerly receiving waiver services and may have lost their waiver slot due to an absence of longer than a year, be re-enrolled in waiver services rather than be placed on the waiting list. This situation may require that another applicant remain on the waiting list in order to provide a waiver slot or that waiver services be paid with all state dollars until such time as a slot would become available.

**Additional Information** - FSSA reports that currently, a military service member or a dependant who is otherwise eligible for Indiana Medicaid may maintain eligibility even if the individual lives in a location outside of Indiana on a temporary basis but maintains Indiana residency by filing Indiana tax returns, maintaining a residence in Indiana, or showing an intention to return to Indiana after an assignment,

deployment, or discharge from the military. Each situation is reviewed, and if the individual seeks Medicaid services in another state, the question of residency would need to be determined. Additionally, any providers located out of state must be enrolled as Indiana Medicaid providers in order to receive reimbursement.

When a waiver applicant is determined eligible for waiver services, the applicant is either approved for waiver enrollment or placed on a waiver waiting list. Depending on the circumstances, a waiver applicant may be eligible for State Plan services prior to receiving waiver services, but in all instances would be eligible for State Plan services once enrolled in a waiver.

An individual does not lose their place on a waiver waiting list by taking up temporary residence out of state. If an active waiver participant moves out of state but maintains Indiana Medicaid eligibility, the waiver services will be interrupted, but the waiver slot will be held for up to a year. The case manager will review quarterly to determine when the member will return to Indiana and resume waiver services. Waiver services will be authorized to restart when the member moves back to Indiana.

FSSA reports that two of its five Medicaid waiver programs currently have waiting lists.

**Explanation of State Revenues:**

**Explanation of Local Expenditures:**

**Explanation of Local Revenues:**

**State Agencies Affected:** Family and Social Services Administration, Office of Medicaid Policy and Planning.

**Local Agencies Affected:**

**Information Sources:** Angela Amos and Matthew P. Cesnik, Eligibility Director, Office of Medicaid Policy and Planning.

**Fiscal Analyst:** Karen Rossen, 317-234-2106.